



Business Data Form

This form is to provide complete information the Business Service Center for its records, so the office will know about the business and its owner(s) and how to reach them when needed.

Business Information

1. Corporate Business Name: _____
2. Name as seen by the public: _____
3. Business Ownership Type: Corporation LLC LLP LP
 Sole Proprietor (individual)
4. Federal ID # or SSN: _____
5. Business License #: _____ State Retail Sales # _____
6. Specific type of business: _____
7. 2017 NAICS Code: _____ (see <http://www.census.gov/naics/> for help)
8. Local Business Phone: _____ Cell #: _____

Owner/Principal(s) Information

9. Owner/Principal Name(s) (no corporate names): _____
10. Home Address: _____
11. Mailing Address: _____
12. Work #: _____ Cell #: _____
13. E-mail: _____

Contact Information

14. Name of person responsible for business license: _____
15. Title: _____
16. Work #: _____ Cell #: _____
17. E-mail: _____

Business Location Information

18. Business Location (Street, City, State, Zip) _____
19. Mailing Address _____
20. Tax Map #: _____ Business Open Date: _____
21. If Renting, Name and Address of Landlord: _____
